

Taxpayer Information Change Request

Form P-706 may be used to change your Social Security number, name, or address. If you have any questions please call (608) 266-2772. Please complete the form as indicated in each section. Forms submitted without a social security number will not be processed.

Section 1 – Old Information – Complete ALL Items

Name (husband or single person)	Social Security Number	
Name (spouse)	Social Security Number	
Address		
City	State	Zip

Section 2 – New Information – Enter CHANGES ONLY

Name (husband or single person)	Social Security Number	
Name (spouse)	Social Security Number	
Address		
City	State	Zip

Section 3 – Tax District Information for New Address – Complete if Address Change

County of New Residence	<input type="checkbox"/> City of _____
School District of New Residence	<input type="checkbox"/> Village of _____
	<input type="checkbox"/> Town of _____ (Complete the one that applies to your new address)

Mark those that apply.

- ☐ Name Change ☐ Separated/Divorced ☐ Social Security Number Correction ☐ Other
- ☐ Permanent Address Change (effective date _____)
- ☐ Winter Address Only

Indicate which tax forms you will need for the upcoming year.

- ☐ Form 1 – long form ☐ Form 1NPR – nonresident/part-year resident form
- ☐ Form 1A or WI-Z – short forms ☐ Form 1-ES – estimated tax vouchers
- ☐ Schedule H – homestead credit

Your Signature	Date
If Joint Return, Spouse's Signature	Date
Daytime Telephone Number of Contact Person	
Department Prepared Signature	Date

Note: If you are changing information for any person other than yourself, a Power of Attorney form must be provided for the changes to take place.

To receive a corrected mailing label this form must be received by the Department of Revenue by September 30. Please mail the completed form to:

Label Changes
Wisconsin Department of Revenue
PO Box 8903
Madison WI 53708-8903